

Utah Department of Health, Bureau of Child Care Licensing  
**Provider Variance Request Form**

**1. Identifying Information**

Name of Facility/Provider \_\_\_\_\_

Street Address \_\_\_\_\_

City and Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

This request is a: \_\_\_\_\_ New Variance Request \_\_\_\_\_ Repeat Variance Request

**2. Rule**

For which rule are you requesting a variance?

For what time period are you requesting this variance? (Variances may only be granted for a maximum of one year.)

Beginning date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Ending date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**3. Relevant Information**

Why do you feel you cannot comply with this rule as it is written?

How do you propose to comply with the intent of this rule?

How will you ensure the health and safety of the children?

Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please mail your completed application to:

Bureau of Child Care Licensing, 915 North 400 West, Suite #201, P.O. Box 650, Layton, Utah 84041